DOCUMENT RESUME

ED 264 509 CG 018 737

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TITLE Professional Value Conflicts in Forcing Services on Resistant Older Clients.
PUB DATE Nov 85
NOTE 11p.; Paper presented at the Annual Scientific Meeting of the Gerontological Society (38th, New Orleans, LA, November 22-26, 1985).
PUB TYPE Viewpoints (120) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Civil Rights; *Clinical Diagnosis; Conflict Resolution; *Counselor Client Relationship; Decision Making; Eligibility; High Risk Persons; *Institutionalized Persons; Interprofessional Relationship; Intervention; *Older Adults; Professional Autonomy; *Psychological Evaluation

ABSTRACT

Clinicians who work with at-risk older adults are often faced with the difficult decision to override their client's civil rights and force institutionalization. Many times the professional is pressured by police or a housing manager to "just do something" with the judgmentally impaired older client. Clinicians faced with these decisions may experience role conflict and ambiguity, conflict between legal and social values, and conflict between professional and organizational standards. Firm guidelines for forcing services cannot be made. Decisions must be made on a case by case basis since at some point the client's right to self-determination is superseded by other variables. It is hoped that by examining ethical foundations and the personal/professional values that guide these decisions, clinicians will be able to deliver an intervention that balances the client's wishes, the professional's assessment of the degree of crisis, and the community's right to be protected. (ABB)

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PROFESSIONAL VALUE CONFLICTS IN FORCING SERVICES ON RESISTANT OLDER CLIENTS

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CG018737

(Paper presented at the 38th Annual Scientific Meeting of the Gerontological Society of America, November 22-26, 1985)

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ABSTRACT

Clinicians who work with at risk older adults are often faced with the difficult decision to override a client's civil rights and force institutionalization. This decision, if made without the support and insight of other professionals, can create a variety of value conflicts within the clinician. Current social work literature continus to lack any clear clinical/practical guidelines for determining when a client should be the involuntary recipient of forced services. This article attempts to highlight the ethical/value conflicts experienced by clinicians in forcing services and the questions that need to be addressed by the human service delivery system.

Professionals working in older adult services often confront community-based elderly clients in a life-threatening situation. As Aronson (1983) points out, due to physical or mental deterioration these individuals often refuse vitally needed services and pose a challenge to the professional attempting to intervene. Current social work literature continues to lack any clear clinical/practical guidelines in determining when a client should be the involuntary recipient of forced services. Furthermore, little attention has been given to ethical issues and professional/social values involved in forcing service on an at risk client. Certainly, the decision to override the client's civil rights to self-determination engages the professional to examine a variety of personal and professional values.

Clinicians who work with involuntary clients can experience anxiety, uncertainty, and a sense of isolation in carrying out their professional responsibilities. Often, the worker functions without or against the explicit permission of the client; without explicit public authority; and without feedback from the client or the support of his colleagues that his professional judgments about the client's condition, values, coping capacity, and desired outcomes are accurate.

These issues create extensive role conflict and ambiguity for clinicians working with this population. According to Harrison (1980), role conflict results when incompatible or tenuously compatible expectations are placed upon the worker; role ambiguity results from a lack of clarity as to what appropriate or effective behavior is expected. Two of the most frequent role conflicts and ambiguities faced by workers in addressing this population are conflict between legal and social values, and conflict between professional and organizational standards.

Conflict between legal and social values has arisen due to the increasing number of states which have passed mandatory reporting laws requiring workers to refer suspected cases of abuse or neglect to adult protective services. However, such legislation has not resolved or clarified the conflicting expectations in these situations. What happens if you accept the client's request to refuse service, do not report the case because it is in keeping with your personal belief in the client's right to self-determination; and the client dies? At what point does the worker inform the client that legal counsel may be needed to protect his or her rights from the professional who may be referring the case to Adult Protective Services?

Conflict between professional and organizational standards is another source of role conflict and ambiguity in working with this population. On the one hand, social workers recognize that it takes great time and effort to work with a resistant client so that trust can be built. On the other hand, social workers often work for public/private organizations that require quick resolution of cases due to burgeoning client loads. Ethically, how do these professionals resolve forcing services on clients against their will when the worker knows that if more time were provided, a more positive alternative could have been reached? Also, how do workers resolve such professional conflicts within organizations that are pressured from funding sources to meet or exceed a certain client caseload?

Despite the value conflicts and dilemmas identified above, professionals attempt to make decisions which are in the best interest of the client. However, the value dilemma which often is created determines what is in the best interest of the client. The true test of whether planned actions are tolerable by the client and in his best interest are often a determination

that is made "after the fact." If, for example a client who is forced or convinced to accept a nursing home placement makes a satisfactory adjustment and is better off than he was before the intervention, a worker can be reassured that he made the correct decision in imposing services. When institutionalizing a client, a worker experiences a great deal of self-doubt, uncertainty, and remorse about his decision as well as loss of credibility if the client is actually in worse condition after forced intervention.

To the extent that a professional is able to establish a relationship of trust with a judgmentally impaired or emotionally disordered client and thus arouse his hope for help or reduce resistance, the client can be engaged in planning. In these instances, the worker and client collaborate and share responsibility for treatment planning, and the client is helped to make decisions about care. Erik Erikson (1977) describes the therapists's task as one of listening to the patient's complaint; eliciting his history; and making, testing, and delivering interpretations of the patient's data. However, professionals often encounter high-risk, judgmentally impaired clients who are unwilling or unable to engage in a therapeutic relationship essential to collaborative planning for their own protection and maintenance. In these instances, the worker must make decisions on the client's behalf. With involuntary clients the therapeutic process is often circumscribed by the client's resistance to any intervention in his life.

Emphasis in the practice literature has not addressed itself to the professional's decision-making process in taking actions and forcing services on behalf of impaired and resistant clients. Questions often left unaddressed in the literature include:

1. How does the professional's personal and professional value system about personal freedom, professional responsibility, and community protection impact on the decision to intervene in his or her daily life or even to institutionalize a client?
2. How do the needs and desires of the at risk client impact on the decision-making process of the professional?
3. Does the professional's desire to have the client remain autonomous in the community change at different points in the decision-making process?
4. Is this desire based upon a determination of whether a client is simply a danger to self, a potential risk to others, or both?

To answer the above questions the professional must first resolve the ancient debate regarding the obligation to prevent individuals from harming themselves. As Reamer (1982) notes, the debate centers around the issue of self-determination--what is the proper balance between a client's right to engage in apparently self-destructive behavior and a social worker's obligation to prevent harm. The tension has been between those who believe in clients' rights to set their own goals and, possibly, to make mistakes, and those who claim that there are instances when clients can develop the ability and wherewithal to make informed choices only if they follow professional advice and are provided with professional assistance. This is vividly illustrated in the following passage by Biestek (1960):

> The principle of client self-determination is the practical recognition of the right and need of clients to freedom in making their own choices and decisions in the casework process. Caseworkers have a correponding duty to respect that right, recognize that need, stimulate and help to

activate that potential for self-direction by helping the client to see and use the available and appropriate resources of the community and of his own personality. The client's right to self-determination, however, is limited by the client's capacity for positive and constructive decision making, by the framework of civil and moral law, and by the function of the agency.

Supporting the concept of self-determination becomes problematic, especially when the community's rights are potentially jeopardized. Professionals often must weigh the community's rights vs. the client's rights in forcing services. In evaluating the at risk client, the professional must decide whether there is a potential risk to others. Within the decision-making process, the professional often confronts the fear that if nothing is done, the at risk individual may endanger the community. For example, the disabled older adult who becomes periodically disoriented has the potential of misplacing a cigarette and starting a fire. Besides being concerned about an individual's right to determine his or her own life situation, the professional also has a responsibility to protect the community when a client displays actions which could jeopardize lives. Unfortunately, there are no yardsticks in place to determine precisely how much of a threat an at risk, older adult poses to the community.

Ultimately, the professional's decision to force services at home or to institutionalize an at risk client after weighing the dangers to both the client and the community is often shaped by the following: (a) the rules and regulations dictated by a particular agency; (b) the value system of one's own particular professional discipline; and (c) one's personal value system. Unfortunately, many times the decision to force services or institutionalize a

client based upon only one discipline's limited perspective regarding the client's problem disregards other equally important factors. Aronson (1983) is correct in noting that "the needs of this segment of the elderly are complex and often cross disciplinary lines, requiring a series of interventions by a diverse group of professionals and para-professionals from various agencies and services." Yet, as we know, individual services often operate within narrowly defined categories of care with few providing multidisciplinary assistance (Berkman, 1977).

From a practical perspective, more attention needs to be directed at improving communication between and among health professionals and clients to ensure that decisions to interject unwanted, vital services at home or to institutionalize clients are comprehensively analyzed and therapeutic. This effort can best be advanced by having individual professionals identify those values within which their interventions to this at risk group are rendered (Fahey, 1983).

It has been this author's experience that professionals working within communty-based organizations grope with these value conflicts every day. However, few formal opportunities exist to address such problems. It is imperative, for professional development and the client's overall well-being, that staff have an opportunity to discuss value conflicts which are generated from working with resistant clients in an open, non-threatening atmosphere. Similarly, Fahey (1983) advocates that professionals enter into a process of reflection on the values which influence their decisions, but he falls short of identifying a model to assist in this endeavor.

At the very least, professionals need to discuss and reflect upon ways to:

1. develop intervention strategies which respect the client's right to self-determination but at the same time support the community's right to be protected;
2. identify the best vehicle to balance the values of one's discipline with those of the organization in addressing resistant clients;
3. establish a system that allows for varying multidisciplinary perspectives in forcing services on resistant clients.
4. providr the at risk, resistant client with a variety of options and alternatives and, as much as possible, some degree of choice in the decision-making process.

Summary

Unfortunately, working with at risk, resistant clients is not easy because there are no clear cut, black or white interventions which insure positive outcomes. Many times the professional is pressured by the police department or housing manager to "just do something" with the judgmentally impaired older client. Often, the best we can hope for is to deliver an intervention that balances the client's wishes, the professional's assessment of the degree of crisis, and the community's right to be protected.

It may not be possible to establish firm guidelines which stipulate that at a certain point the client's right to self-determination is superseded by other variables. Decisions to force services must be made on a case by case basis. However, we cannot disregard the importance of stepping back and routinely examining the ethical foundations and personal/professional values that are guiding our decisions to force services on unwilling older clients.

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